

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5		1					55							
6	1						56							
7		1					57							
8		1					58							
9		1					59							
10	1						60							
11		1					61							
12		1					62							
13		1					63							
14		1					64							
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16		1					66							
17		1					67							
18		1					68							
19		1					69							
20	1						70							
21		1					71							
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25		1					75							
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27		1					77							
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29	1						79							
30		1					80							
31		1					81							
32		1					82							
33		1					83							
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36		1					86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.							TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS							TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS